

Case Number:	CM14-0041107		
Date Assigned:	06/27/2014	Date of Injury:	09/08/2010
Decision Date:	08/05/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old male who reported injury on 09/08/2010. The mechanism of injury was a fall forward. The documentation indicated the surgical history included a C4-5 and C5-6 anterior cervical discectomy and fusion on 10/04/2011. The injured worker underwent an L5-S1 anterior lumbar fusion with pedicle screws and instrumentation on 08/23/2012 and a revision of a C5-6 fusion anterior cervical discectomy and fusion of C6-7 and removal of C4-6 Medtronic anterior plate and screw fixation on 12/13/2012. Therapies were not provided. The documentation of 02/26/2014 revealed the injured worker had complaints of low back pain. The injured worker had a fall a few days prior to the examination. Diagnoses included status post L5-S1 TLIF on 08/23/2012, status post ACDF C4-5 and C5-6 on 10/04/201,1 and a C6-7 disc herniation with central stenosis. The treatment plan included Norco 10/325 mg #120, Flexeril 10 mg #90, and Ambien 10 mg #30. The physician documented that the injured worker was tolerating the medications, and they improved his low back pain and related symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hydrocodone 10/325mg Six tablets per day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement and objective functional benefit as well as documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review fails to meet the above criteria. The duration of use could not be established through the supplied documentation. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for hydrocodone 10/325 mg is not medically necessary.